

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

MICHAEL L. VICKERS; SHERIFF BRAD COE, in his
official capacity; KINNEY COUNTY, TEXAS; and
ATASCOSA COUNTY, TEXAS

Plaintiff(s)

v.

JOSEPH R. BIDEN, JR., President, in his official
capacity, et al.

Defendant(s)

Civil Action No. 2:24-cv-00196

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* U.S. Citizenship and Immigration Services
Office of the Chief Counsel
5900 Capital Gateway Drive
Mail Stop 2120
Camp Springs, MD 20588-0009

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Christopher J. Hajec
Immigration Law Reform Institute
25 Massachusetts Ave., NW, Suite 335
Washington, DC 20001

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



Nathan Ochsner, Clerk of Court

Date: August 2, 2024

s/ Verlinda Rios

Signature of Clerk or Deputy Clerk

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Civil Action No. 2:24-cv-00169

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* U.S. Citizenship and Immigration Services
 was received by me on *(date)* 08/02/2024 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: On August 6, 2024, I served this summons and Plaintiffs' original complaint, via certified mail, return receipt requested #7002 3150 0003 3823 3400, to the address below. The summons was delivered on August 12, 2024, as depicted on the attached return receipt.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 09/25/2024

/s/ Matt Crapo

Server's signature

Matt A. Crapo, Attorney

Printed name and title

Immigration Reform Law Institute
 25 Massachusetts Ave., NW, Suite 335
 Washington, DC 20001

Server's address

Additional information regarding attempted service, etc:

U.S. Citizenship and Immigration Services
 Office of the Chief Counsel
 5900 Capital Gateway Drive
 Mail Stop 2120
 Camp Springs, MD 20588-0009

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>U.S. Citizenship and Immigration Services Office of the Chief Counsel 5900 Capital Gateway Drive Mail Stop 2120 Camp Springs, MD 20588-0009</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>8/13/2024</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7764 2152 4383 71</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>AUG 12 2024</p> <p>Notice of Mail</p>	
<p>3. Service Type and Parcel Inspection</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	